2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # N10844 Feb 06, 2007 08:00 AM Secretary of State 1. Entity Name MATANZAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2200 NW 102 AVE 2200 NW 102 AVE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business - No PO Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YABLIN, ARNOLD PA Street Address (P.O. Box Number is Not Accoptable) 699 S FEDERAL HIGHWAY HOLLYWOOD FL 33020 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition 1111 ☐ Delete ШЕ ☐ Change NAME HERNANDEZ, ARMANDO NAME U00000624528 02/14/07-80038-006 61.25 STREET ADDRESS STRIET ADDRESS 1701 W 42 PL #5 CITY-S1-ZIP CITY-ST-ZIP HIALEAH FL 33016 HILE ☐ Delete TITLE ☐ Change Addition SD NAME NAMI' WILLIAM, BENITEC STREET ADDRESS 1701 W 42 PL #52 STREET ADDRESS CHY-ST-ZIP HIALEAH FL 33012 CHY+S1-7IP TOTE Delete 11111 ☐ Change Addition NAMI NAME: ROBAINA, JOSE STRUCT ADDRESS 1701 W 42ND PL #22 STREET ADDRESS CITY+S1-ZIP CITY-S1-ZIP HIALEAH FL 33012 ☐ Delete anc ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-ST-ZIP ☐ Delete 1016 THE ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP IIII ☐ Change ☐ Delete TITLE Addition NAME NAME STREEL ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.